

FORM APPROVED  
OMB NO. 0579-0036

**Telephone: (406) -243-5790**

3. REPORTING FACILITY ( List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary )

**FACILITY LOCATIONS ( Sites ) - See Attached Listing**

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )

A. Animals Covered By The Animal Welfare Regulations	B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report)	F. TOTAL NUMBER OF ANIMALS (C + D + E)
4. Dogs					
5. Cats					
6. Guinea Pigs					
7. Hamsters					
8. Rabbits			42		42
9. Non-human Primates			4		4
10. Sheep			69		69
11. Pigs					
12. Other Farm Animals					
13. Other Animals					
voles		2200			2200
fishers		20			20
snowshoe hares		100			100

## ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). **A summary of all such exceptions is attached to this annual report.** In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

DATE SIGNED

12/2/02

## Research

DEC 5 2002

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 81-R-0002  
CUSTOMER NUMBER: 1069

FORM APPROVED  
OMB NO. 0579-0036

**ANNUAL REPORT OF RESEARCH FACILITY**  
( TYPE OR PRINT )

Montana State University  
Animal Resource Center  
P. O. Box 173640  
Bozeman, MT 59715

Telephone: (406) -994-6803

3. REPORTING FACILITY ( List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary )

FACILITY LOCATIONS ( Sites ) - See Attached Listing

**REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )**

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4. Dogs					
5. Cats	2	-	21	-	21
6. Guinea Pigs					
7. Hamsters					
8. Rabbits	25	129	218	-	347
9. Non-human Primates	1	-	5	-	5
10. Sheep	-	-	12	-	12
11. Pigs					
12. Other Farm Animals					
13. Other Animals					
Gerbils	-	-	47	-	47
Bison	-	14	-	-	14

**ASSURANCE STATEMENTS**

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- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

**CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL**  
( Chief Executive Officer or Legally Responsible Institutional Official )

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL ( Type or Print )

DATE SIGNED

Thomas J. McCoy, Ph.D.  
Vice President for Research

Facility Locations (sites)

Animal Resources Center (460) 994-6803  
Montana State University  
Bozeman, MT 59717

Veterinary Molecular Biology (406) 994-6803  
Montana State University  
Bozeman, MT 59717

Lindeman Sheep Goat Farm (406) 994-6803  
Belgrade, MT 59714

(Note: The above site was not used during Federal fiscal year 2001 – 2002)

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 81-R-0008  
CUSTOMER NUMBER: 1295

FORM APPROVED  
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY  
( TYPE OR PRINT )

Warodon Antibodies, Inc.  
11 Hodgman Canyon Road  
Bozeman, MT 59715

Telephone: (406) -587-9681

3. REPORTING FACILITY ( List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary )

FACILITY LOCATIONS ( Sites ) - See Attached Listing *for correction*

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )

A.  Animals Covered By The Animal Welfare Regulations	B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for wh the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. ( An explanation of the procedures producing pain or distress in these animals and the reasc such drugs were not used must be attached to this report	F.  TOTAL NUMBER OF ANIMALS  ( COLUMNS C + D + E )
4. Dogs					
5. Cats					
6. Guinea Pigs					
7. Hamsters					
8. Rabbits		200	279		479
9. Non-human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual rese teaching, testing, surgery, or experimentation were followed by this research facility.
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- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
( Chief Executive Officer or Legally Responsible Institutional Official )

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL ( Type or Print )

DATE SIGNED

*Warren W. Frost*

Warren W. Frost, DVM President

10/29/05

Customer ID and Site Address:

ID: 1295

~~98~~ High Plains Rd.  
Belgrade, MT 59714  
County: Gallatin

Telephone  
(406)388-4388

Customer ID and Site Address:

ID: 1295

~~316 Oldtown Road~~  
~~Three Forks, MT 59752~~  
~~County: Gallatin~~

Telephone

~~(406) 295-4227~~

*No longer in use*

*100 High Plains Road*

*Belgrade, MT 59714*

*County: Gallatin*

*Ph (406) 388-4388*

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 81-R-0010  
CUSTOMER NUMBER: 1642

FORM APPROVED  
OMB NO. 0579-0036

**ANNUAL REPORT OF RESEARCH FACILITY**  
( TYPE OR PRINT )

Jd D. Upchurch, Md  
Animal Care Center  
Star Route Box 2010  
Hardin, MT 59034

Telephone: (406) -665-2699

3. REPORTING FACILITY ( List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary )

FACILITY LOCATIONS ( Sites ) - See Attached Listing

**REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )**

A.  Animals Covered By The Animal Welfare Regulations	B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not ye used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use o pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for wh the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. ( An explanation of the procedures producing pain or distress in these animals and the reas such drugs were not used must be attached to this report	F.  TOTAL NUMBER OF ANIMALS  ( COLUMNS C + D + E )
4. Dogs					
5. Cats					
6. Guinea Pigs					
7. Hamsters					
8. Rabbits					
9. Non-human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					

**ASSURANCE STATEMENTS**

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**CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL**  
( Chief Executive Officer or Legally Responsible Institutional Official )

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL ( Type or Print )

DATE SIGNED

APHIS FORM 7023  
( AUG 91 )

(Replaces VS FORM 18-23 (OCT 88), which is obsolete.)

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE1. CERTIFICATE NUMBER: 81-R-0011  
CUSTOMER NUMBER: 10011FORM APPROVED  
OMB NO. 0579-0036ANNUAL REPORT OF RESEARCH FACILITY  
(TYPE OR PRINT)Corixa Corporation  
1124 Columbia Street, Suite 200  
Seattle, WA 98104

Telephone: (406)-363-6214

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

CORIXA MONTANA

FACILITY LOCATIONS ( Sites ) - See Attached Listing

OCT 2001 - 4th Mar 2002

## REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )

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4. Dogs					
5. Cats					
6. Guinea Pigs		453			453
7. Hamsters					
8. Rabbits					
9. Non-human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					

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SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME &amp; TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

DATE SIGNED

Jensen M. Fay

Jensen M. Fay, Graduate Pre Clinical Biol

11/15/02



UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 81-R-0012  
CUSTOMER NUMBER: 15494

FORM APPROVED  
OMB NO. 0579-0036

**ANNUAL REPORT OF RESEARCH FACILITY**  
( TYPE OR PRINT )

Transwest Tech, Inc.  
10720 Gee Norman Road  
Belgrade, MT 59714

Telephone: (406) -388-4566

3. REPORTING FACILITY ( List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary )

FACILITY LOCATIONS ( Sites ) - See Attached Listing

**REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )**

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4. Dogs					
5. Cats					
6. Guinea Pigs					
7. Hamsters					
8. Rabbits					
9. Non-human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals			<del>120</del> 120		
<i>chickens</i>			120		120
13. Other Animals					
<i>Mice</i>		20			20

**ASSURANCE STATEMENTS**

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CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
( Chief Executive Officer or Legally Responsible Institutional Official )

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL ( Type or Print )

DATE SIGNED

*Kenneth DeBoer*

Kenneth DeBoer, Pres

10/14/85

✓ 00. 22 200

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE1. CERTIFICATE NUMBER: 81-R-0013  
CUSTOMER NUMBER: 13660FORM APPROVED  
OMB NO. 0579-0036ANNUAL REPORT OF RESEARCH FACILITY  
( TYPE OR PRINT )2279 Darcy Lane  
Billings, MT 59102Telephone: ~~(800) 888-9900~~  
(406) 657-2014

3. REPORTING FACILITY ( List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary )

FACILITY LOCATIONS ( Sites ) - See Attached Listing

## REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )

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4. Dogs					
5. Cats					
6. Guinea Pigs					
7. Hamsters		24	100		124
8. Rabbits					
9. Non-human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					

## ASSURANCE STATEMENTS

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SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME &amp; TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL ( Type or Print )

DATE SIGNED

Janie C. Park, PhD, Provost

11/25/02

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 81-R-0014  
CUSTOMER NUMBER: 15809

FORM APPROVED  
OMB NO. 0579-0036

**ANNUAL REPORT OF RESEARCH FACILITY**  
(TYPE OR PRINT)

UNIVERSITY OF GREAT FALLS  
1301 20<sup>th</sup> ST SOUTH  
GREAT FALLS, MONT 59405

University Of Great Falls  
1301 20th Street South  
Great Falls, MT 59405

Telephone: (406) -791-5950

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

FACILITY LOCATIONS (Sites) - See Attached Listing

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1. Dogs	0				
2. Cats	0				
3. Guinea Pigs	0				
4. Hamsters	0				
5. Rabbits	0				
6. Non-human Primates	0				
7. Sheep	0				
8. Pigs	0				
9. Other Farm Animals	0				
10. Other Animals	0				

**ASSURANCE STATEMENTS**

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CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
(Chief Executive Officer or Legally Responsible Institutional Official)

DEC 2 2002

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

DATE SIGNED

*[Signature]*

DR. DENNIS OLSON, President, UGF

11/25/02

THIS FORM 7023 (Replaces VS FORM 18-23 (OCT 98), which is obsolete.)

(AUG 91)

*[Signature]*

DR. TERRI SWANSON  
ACTING CHAIR, DEPT BIOLOGY

11/25/02